

N. Access to Care

Kansas assures that recipients will have a choice between at least two PCCM PCPs or a combination of one MCO and the PCCM program. When fewer than two choices are available in the geographic area, the managed care program is voluntary. In addition to this process, the KHI program is not likely to substantially impair access because of the following:

1. Recipients may choose any of the participating MCOs or PCCM PCPs in the service areas. In addition, as per 42 CFR 434.29, within an MCO each Medicaid enrollee has a choice of health professional to the extent possible and feasible.
2. The same range and amount of services that are available under the Medicaid fee-for-service program are available for enrollees covered under the KHI Program.
3. Access standards for distances and travel miles to obtain services for recipients under the KHI program have been established.

The Department utilizes 30 minutes for urban counties and 30 miles for all other areas in the MCO and PCCM programs. This is applied to the MCOs at the time they request service to a new county, as well as quarterly thereafter. The Department will review each county for PCP access on a yearly basis in the MCO program.

The PCCM option allows the PCP to give a referral to any Kansas Medicaid provider, thus the panel of specialists would be the entire Kansas Medicaid provider network. This allows any PCCM enrollee to see any specialist that accepts Kansas Medicaid. Therefore, this network is no less than the network available to a person not in the KHI program.

The Department realizes that there are some counties in the state that do not have a hospital. While the normal guideline is to have at least one hospital in the county being served, consideration is given to those counties without a hospital.

Additionally, if a county has multiple hospitals, the Department expects to see a fair representation on the provider network.

4. Primary care and health education are provided to enrollees by a chosen or assigned MCO or PCCM PCP. This fosters continuity of care and improved provider/patient relationships.
5. Pre-authorization is precluded for emergency care and family planning services under the KHI Program.
6. Recipients have the right to change plans at any time.

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